

**APPLICATION TO OPERATE A PERMANENT
FOOD SERVICE ESTABLISHMENT**

BUSINESS NAME AND ADDRESS

Email ADDRESS _____

MAILING ADDRESS (if different from above)

**PLEASE RETURN THIS COMPLETED FORM
WITH PAYMENT TO:**

**Public Health – Seattle & King County
Downtown Environmental Health
401 – 5th Avenue, Suite 1100E
Seattle, WA 98104**

OFFICE USE ONLY

PERMIT RECORD ID (PR#) _____

FACILITY NUMBER (FA#) _____

OWNER NUMBER (OW#) _____

PROGRAM ELEMENT (PE#) _____

PLAN REVIEW-SR (SR#) _____

VARIANCE -SR (SR #) _____

CHECK NUMBER _____

APPROVED ☐

DISAPPROVED ☐

SIGNED _____ DATE _____

DATE FACILITY OPENED _____

FEE SCHEDULE

(See reverse side of this form)

PRORATION FEES

Operating 4 or fewer months- 25% of fee _____

Operating more than 4 and up to 7 months- 50% of fee _____

Operating more than 7 and up to 10 months- 75% of fee _____

Operating more than 10 and up to 12 months- 100% of fee _____

PENALTY _____

FIELD PLAN REVIEW _____

TOTAL FEE DUE\$ _____

PERMIT YEAR IS APRIL 1ST THROUGH MARCH 31ST

REQUIRED INFORMATION: Does your establishment qualify as a chain? Yes ___ No ___

Required 2010 Food Code Changes can be found at: www.kingcounty.gov/health/healthyeating/

A "chain food establishment" is one of at least 15 establishments within the United States doing business under the same name, collectively having at least \$1 million in gross annual sales and offering substantially the same menu items (80% or more) by number, regardless if under the same ownership or type of ownership.

If a general food service facility, indicate current seating capacity _____, are potentially hazardous foods served? Yes ___ No ___

Is time as temperature control used? Yes ___ No ___ Is a highly susceptible population served? Yes ___ No ___

If seasonal, list dates of operation: Opening _____ Closing _____

If grocery store, number of check-out stands _____

If you changed facility name, previous name: _____

Name of owner: _____

Billing Address : _____

City and Zip code: _____ Daytime phone number: _____

Permit Information:

☐ Permit Renewal

☐ New Operation

☐ Change of Name

☐ Ownership Change

☐ Classification Change

IMPORTANT MESSAGE TO APPLICANT: Failure to fully complete form may result in it being returned for completion. Your signature to this form attests to the accuracy of the information and that the food code will be complied with. Renewal applications are mailed each year in February. This office should be notified of any change in your mailing address. If you do not receive a renewal application by February 28th, please notify this office at the phone number listed on the back of this form. Late fees are charged if permits are not renewed prior to expiration.

SIGNED _____ **DATE** _____

Payment Information

☐ Check or Money Order PAYABLE TO: SKCDPH ☐ Cash (In-person only. Do not mail cash)

Amount Charged: \$ _____ Print Name on Credit Card: _____

☐ VISA Card Billing Address & ZIP _____

☐ MasterCard CARD NUMBER _____

☐ Discover CARD EXPIRES ____ / ____ 3 Digit Code (on back): ____

Required Signature: (as on Credit card) _____ **Date** _____

Food Establishment Categories and Permit Fees 2011
Effective 1/01/11- - 12/31/11

PERMIT CATEGORY	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - \$332	6702 - \$554	6703 - \$768
General Food Service- 13-50 seats	6711 - \$336	6712 - \$562	6713 - \$810
General Food Service- 51-150 seats	6721 - \$344	6722 - \$590	6723 - \$865
General Food Service- 151-250 seats	6731 - \$357	6732 - \$604	6733 - \$917
General Food Service- over 250 seats	6741 - \$371	6742 - \$607	6743 - \$959
Limited Food service- no permanent plumbing	6757 - \$332	NA	NA
Bakery- no seating	6751 - \$332	6752 - \$554	6753 - \$768
Bed and Breakfast	6761 - \$332	NA	NA
Grocery Store- no seating	6765 - \$332	6766 - \$554	NA
Caterer	6771 - \$332	6772 - \$554	6773 - \$768
Meat/Fish Market	NA	NA	6777 - \$625
Vending Machine	6775 - \$332	NA	NA
Mobile Food Unit	6781 - \$332	6782 - \$554	6783 - \$768
Mobile Food Unit Commissary	6784 - \$143	6785 - \$229	6785 - \$229
Nonprofit Institution - unlimited seating, 501 (C)(3) status, Washington State Commission for the blind status, or municipal jail.	6735 - \$332	6736 - \$554	6737 - \$768
School Lunch Program	NA	6792 - \$443	NA

PLAN REVIEW FEES

New Construction	4 hour base fee (\$764) + \$191/hr after 4 hours
Remodel	3 hour base fee (\$573) + \$191/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$573) + \$191/hr after 3 hours
Resubmitted plan review-billable	\$191/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$382) + \$191/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$382 +\$191/hr after 2 hours

LATE FEES

Annual permits 10-30 days	10%
Annual permits 31 days – 60 days	20%
Annual permits more than 60 days	30%
Seasonal permits	\$25

MISCELLANEOUS FEES

Duplicate permit	\$25
Facility Name Change	\$25
Request for variance	\$154
Check returned by bank	\$25
Processing a refund	\$25
After hours inspection	Cost of service

The applicant for a **seasonal food establishment** permit shall pay an annual permit fee prorated to a quarterly schedule.

Temporary Event Food Establishment fees are on the fee schedule on the Temporary Event application form.

MAKE CHECKS PAYABLE TO:	SKCDPH
MAIL TO:	Public Health – Seattle & King County
	Downtown Environmental Health
	401 - 5th Avenue, Suite 1100
	Seattle, WA 98104
PERMITS AND LICENSES PHONE:	206-296-2966 Fax- 206-205-0639
WEBSITE:	http://www.kingcounty.gov/health/foodsafety